

# ADOLESCENCE BEHAVIOUR PROBLEMS: HOW TO TACKLE OR PREVENT?

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## ABSTRACT

*Adolescence is a transitional stage of physical and mental human development that occurs between childhood and adulthood. Adolescent period starts with puberty. The period during which the capability for sexual reproduction is attained; it is marked by changes in both primary and secondary sexual characteristics and is dated from menarche in girls and the emergence of pigmented pubic hair in boys. During Adolescence period psycho-social development, psycho-sexual development are taking place because of all the developments adolescents play several roles and that creates problems in adolescents life. In this article the author gives some important behavior problems of adolescents and how to tackle or overcome these problems.*

*Keywords: Adolescence, Adolescent, Puberty, Psycho-Sexual Development, Psycho-Social Development, Suicide, Addiction, Depression.*

## INTRODUCTION

Development refers to a series of changes that occur in an orderly predictable pattern. Human development consist of two periods, prenatal period and post natal period. Pre –natal period deals with the development of human being from its conception to birth. The post – natal period deals with the development and behavior pattern of human beings from infancy to death. The post – natal period of development consist of the following stages : (i) Neonate, (ii) Infant, (iii) Childhood, (iv) Adolescence, (v) Adulthood, (vi) Old age and, (vii) Death. Adolescence period starts with puberty. It is marked by changes in both primary and secondary sexual characteristics. (Freud,1920) Adolescents experience physical development and mental development. These changes make adolescents to think and begin to act independently. The independent thinking and aching leads to a series of problems in their life. The adolescents are willing to establishing an identity, establishing autonomy, establishing intimacy, becoming, comfortable with one's sexuality and making achievements (Erickson, 1963, 1968). These create problems in behavior of Adolescents. Some of the important problems of behavior of adolescents are

Adolescents and Suicide, Adolescent and Addiction, (Alcohol & Drug Abuse), Adolescent and pregnancy, Adolescent and Smoking, Adolescent and love. These immoral behavior of adolescents is not only an individual problem but social problems. Let us see the behavior problems of adolescents and how to prevent these immoral behavior act of adolescents.

## Adolescence & Adolescents

Adolescence is a period from the beginning of sexual maturity (puberty) to the completion of physical growth (Morgan, etal. 1993). The onset of adolescence and the beginning of adulthood vary from country to country but we can place adolescent persons within the ages of eight and eighteen. Those in the period of adolescence are referred as teen agers or simply as teens. The period of adolescence is filled with the intellectual and emotional changes in addition to other major biological and physical changes. It is the time of discovery of self and one's relationship to the world around himself or herself .

## Behaviour Problems

### • Adolescent and Suicide

Suicide is leading cause of death for adolescents, 15 to 19 years old. The number of adolescent death from

suicide in the United States has increased dramatically during the past few decades. From 1950 to 1990 the suicide rate for adolescents in the 15-19 years old group increased by 300%. Adolescent males 15 to 19 years old had a rate of 6 times greater than the rate for females. Suicide affects young people from all races and socio economic groups, although some groups seen to have the higher rates than other. Native American males have the highest suicide rate, African American women the lowest (American Academy of Paediatrics committee on Adolescence, 1988).

Although n specific tests are capable of identifying suicidal persons, specific risk factors exists. Adolescents at higher risk commonly have a history of depression, a previous suicide attempt, a family history of psychiatric disorders (especially depression and suicidal behavior), family disruption and certain chronic or debilitating physical disorders or psychiatric illness.

Alcohol use and Alcoholism indicate the high risk for suicide. Alcohol use has been associated with 50% of adolescents living out of the home and a history of physical or sexual abuse are additional factors more commonly found in adolescents who exhibit suicidal behaviour. Psychosocial problems and stresses, such as conflicts with parents, break up of a relationship, school difficulties and failure, legal difficulties, social isolation, and physical ailments (including hypochondriacal preoccupation) commonly are reported or observed in young people who attempt suicide. (Committee on Adolescence, 1996, Husain SA 1990).

- **Adolescent and Addiction**

Research indicates several reasons for adolescent drug experimentation, drugs are often readily available, they provide a quick, easy and cheap way to feel good. They offer a means to gain acceptance in peer relationships, and to modify the unpleasant feelings, reduce disturbing emotions, alleviate depression, reduce tension and aid in coping with life pressures. Most adolescents, however, probably ingest drugs to feel powerful, to be "cool", and to be in with a group.

The effects of drug abuse include difficulty with

concentration, mood, co-ordination and judgement. Drugs may cause paranoia, hallucinations and agitation. Problems with memory, impaired attention span, and delayed maturation may lead to school dysfunction. Addicts get paralysed in their body and mind.

The leading causes of death among young Americans between the ages of 15 and 24 stem from violent events- homicides, suicides and accidents. A significant number of these can be attributed to using alcohol and drugs.

Adolescents who use one drug are likely to use another. They usually begin with legal drugs – alcohol or tobacco and progress to marijuana, and may eventually go on to other drugs or combination of drugs.

Addiction may begin with experimental use of substances at a young age. The average age of first use is between 11 and 12 years. Many teens begin use as a result of peer pressure. More recently there has been an increasing number of adolescents who first encounter with mood-altering substances within the home. Parents are the powerful role models children have. Adolescents are likely to emulate their parents' drinking or drug use patterns. More teens in treatment today are reporting that their first use of alcohol or other drugs occurred with parental supervision. This experience translates to a belief that the use and abuse of chemicals is permissible. Coupled with the emotional immaturity of the adolescent, the potential danger of this message is obvious. Use in the early stages of addiction becomes more regular, with the teen putting more mental and physical energy into obtaining and ingesting drugs and alcohol. (Morrison, 1990).

- **Adolescent Pregnancy**

Adolescent pregnancy is pregnancy in girls aged 19 or younger. Who are not married. It is otherwise called as "Fornication" (Judith, etal 1978). This is due to lack of sex education in schools. Adolescents have immediate sex urge due to the secretion of sex hormones and most of the adolescents are not willing to use contraceptives and are unaware of the methods of family planning. In United States a majority of teen age girls, now use contraceptive devices when they have intercourse, but majority of them did not at the time they first had intercourse. Girls who

delay the use of contraceptives beyond their early sexual experiences are about three times as likely to be pregnant than girls who use protection from the beginning. Sexually active adolescents who manage to avoid pregnancy still face risks of venereal disease, risk that have increased sharply over recent years. Adolescents who have multiple sexual partners are to have a risk of genital herpes and it is incurable, about –three - fourths of those who contract venereal diseases are between 15 and 24 years of age (Morgan, 1993).

Deviations can be considered variations in sexual behaviour. Freud assumed that any form of sexual behaviour that took precedence over heterosexual intercourse represented a defect in psychosexual development. (Judith, et.al. 1978) (Freud 1920, 1953).

## • *Adolescent Smoking*

Smoking is a major problem among adolescents. Smoking among adolescents is a major concern because smoking in long term poses many health hazards. Mostly all adolescents know what the long term effects of smoking are and many do not care, because they are not concerned with what might happen to them forty or fifty years down the road. Adolescent smoking is a global issue because there is not a single country around the world where teens are not smoking. Smoking affects all subsets of adolescents.

## Why Do Adolescents Smoke?

### • *Their Parents Smoke*

Adolescents that live in a house where one or both of their parents (or other family members) smoke are more likely to become a smoker than other adolescents. Adolescents in these situations may feel that all adults smoke and they began to smoke because it will make them look and feel like they are grown-up.

### • *Their Friends Smoke*

Many adolescents start smoking because their friends smoke and they want to fit in. Adolescents in this situation all have to deal with "Peer Pressure" and most will be asked by their friend at one time or another to smoke with him/her. Since everyone wants to fit in with their friends they will most likely be too afraid to say no when their friend asks

them.

### • *Could Help Them Lose Weight*

Females might begin smoking because they are conscious of their weight. The main chemical in tobacco is nicotine, a stimulant, which causes heart to beat more rapidly. This causes weight loss and cigarettes also may cause a decreased appetite. Therefore many female adolescents smoke as they feel it will help them lose weight, and often do not consider the harm they are doing to their bodies (Santrock 2005).

### • *Short Term Effects of Smoking*

After smoking the smokers teeth become stained yellow (from tar and other chemicals in tobacco) and the smokers hair and clothes smell badly of smoke. Smoking also affects lung power. Adolescent smokers are not able to participate at a high level of energy because smoking causes an increased heart rate, caused by nicotine.

### • *Possible Long Term Effects of Smoking*

Smoke from tobacco contains many toxins such as nicotine and cyanide which are poisonous to the human body. Therefore each time a smoker smokes tobacco they are slowly poisoning themselves and this in fact is what leads to health problems after smoking for a long period of time. Emphysema, Heart Disease and lung cancer are the possible long term effects of smoking (National Cancer Institute April 2002/ March 2006).

### • *Juvenile Delinquency*

Juvenile Delinquency is generally an unlawful act committed by an individual below 18 years of age. This is an uncontrolled aggressive behaviour by a minor who cannot be curbed by parental activities or other authority and commits anti-social activities such as stealing, vandalism, Defiance, cruelty, violence, gambling, attempted suicide, escape from custody, travelling without ticket, miscellaneous offences and use of vulgar languages etc.

## Causes of Juvenile Delinquency

The causes of Juvenile Delinquency are,

- Bad company
- Adolescent instability and impulses

- Early sex experience & Mental conflicts
- Extreme social suggestibility
- Love of adventure
- School dissatisfaction
- Poor recreation
- Street life
- Sudden impulse and physical conditions of all sorts.
- The social causes of juvenile delinquency are broken homes and families, lack of parental affection and security, absence of a loving mother in the childhood, lack of family ties, parental irresponsibility and a steep rate in divorce, attitudes of parents, character and conduct of parents, effects of criminal relatives and poverty etc.

The above discussed are the important problems of adolescents. Today's adolescents are tomorrow's pillars of the society. Adolescent behaviour problem is not only an individual problem but it is a social problem. So we should take care of these problems and take necessary remedial steps to overcome these problems.

## **Remedial Measures to Prevent the Adolescent Behaviour Problems**

- Home is the first school and mother is the first teacher to the child. Language development, social development, intellectual development, emotional development all begin at home. Home (family) and its environment play an important role in the development and character and conduct building of the child. Parents are the role model to their children. They imitate most of the character of their parents. So it is necessary that the parents should co-operate with each other and show their love and affection to their children. Teach them moral values. They should spend at least 2 or 3 hours with their children and give attention to their studies and other activities, encourage them to do useful works during leisure times and clarify their doubts, and take care of their problems, recognize their problems, that arise in their day-to-day life and take necessary steps to solve their problems and make them to be good, model children to others.
- School/ College is an important institution where the social development takes place. School/ College

teachers should take care of their wards, help them and teach them to develop good character in them. Character building is important. Teacher should be a role model to the students.

- Schools/college should have student counsellors, then only the students will get proper guidance and counselling for their day-to-day problem. The counsellor should be a well qualified psychologist who can understand the students' problem, and an experienced person. Some students are not willing to explain their problems to their parents and teachers. At these juncture the role of student counsellor is an important as well as useful productive one.
- Health education and Sex education should be given to students in schools and colleges. Then only they understand the importance of individual health, personal hygiene, etc.
- Moral education, should be given to the students in schools and colleges. We need to teach the students the importance of conduct and character, the good behaviour development, how to behave in home & society and make them good citizens.
- Communication with the help of media like Radio, TV to influence parents and make them realize their duties towards pre-delinquent children.
- Government should take care of the welfare of the youth, enact laws against these misbehaviours and enforce them correctly. All Arrack, Toddy shops and TASMAL shops and all liquor shops should be closed. That will definitely stop the miserable death of younger generation and family destruction.
- Government should encourage the talents of young people and help them to grow in intellectual, spiritual and sportive spirit. Help the poor brilliant students whose families are under poverty line, who are unable to continue their study. The Govt. should recognize them, take care of them and help them to achieve their goals in life.
- Govt. should take necessary steps to provide employment to the educated youths.
- Govt. should take necessary steps and form youth

clubs, sports clubs and encourage the youth in social and sports activities and bring out their talents.

## References

- [1]. Morgan, T., Clifford, King A. Richard, Weisz, R. John and Schopler John (1993). (8th Reprint). *Introduction to psychology*. New Delhi : Tata Mc Graw – Hill.
- [2]. Freud, S. (1920). *A general introduction to psycho analysis*. New York : Boni and Liveright.
- [3]. Freud, S. (1953). *A general introduction to psycho analysis*. Gardencity, New York : Doubleday.
- [4]. Judith Harber, Leach, M. Anita, Schudy, M. Sylvia and Flynn Barbara Sidelean (1978). *Comprehensive psychiatric Nursing*. New York : Mc Graw – Hill Book company.
- [5]. American Academy of Pacediatrics, Committee on Adolescence (1988). Suicide and Suicide attempts in adolescence and young adults. *Pediatrics* 81:322-324.
- [6]. Committee on Adolescence, Group for the Advancement of Psychiatry. *Adolescent suicide* (1996). Washington, Dc : American Psychiatric Press.
- [7]. Hussain, SA (1990), Current Perspective on the role of psychological factors in adolescent suicides. *Psychiatr Ann* 20 : 122 – 127.
- [8]. Morrison, M.A. (1990). Addiction in adolescents. In *Addiction Medicine (Special Issue)*, *West J Med* 1990 May, 152 : 543 – 546.
- [9]. Santrock, John W. (2005). *Adolescence*. Eleventh Edition. New York : Mc Graw-hill P.452 – 454.
- [10]. National cancer Institute. April 2002/ March 2006. <http://www.cancer.gov/newscenter/monograph14>.
- [11]. Erickson, E.H. (1968). *Identity: Youth and crisis* (2nd ed.) New York: Norton.
- [12]. Erickson, E.H. (1963). *Childhood and society* (2nd ed.) New York : Norton.

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